



Town of Grafton
Direct Deposit Authorization Form

Employee Name: _____

Last 4 digits of Social Security #: _____

2 Direct Deposit limit

- ☐ **New Account**
☐ **Change to existing account**
☐ **Delete/Inactivate account**

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking or Savings: _____

Amount %/\$: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking or Savings: _____

Amount %/\$: _____

** Include Appropriate Voided Check **

I authorize Harpers Data Services, Inc., Town of Grafton and the financial institution above to initiate EFT transactions as instructed above.

Employee Signature: _____

Date: _____